THE

MEDICAL AND SURGICAL REPORTER.

No. 611.] PHILADELPHIA, NOV. 14, 1868. [Vol. XIX.—No. 20.

Original Department.

Communications.

THE "CALENTURA," CONGESTIVE FEVER OF NICARAGUA, IN ITS RELATIONS TO YELLOW FEVER.

By B. F. Gibbs, M. D.,
Surgeon U. S. Navy.

The facts connected with this disease were collected while the U. S. S. Ossipee laid at Corinto, Nicaragua, a Pacific port in this state, situated in its western extremity, in latitude 12° 28′ N., and longitude 81° 10′ W. Realejo is the original name for this port, and is so marked on the maps; but for a number of years it has been deserted, except by a few natives who live in reed huts, located among the crumbling ruins of ancient Spanish architecture, which give evidence of former respectability. This latter place is inaccessible to ships, and made purposely so by the Spaniards, so that Corinto an insignificant village, has taken its place in the commercial world.

Corinto is on the left bank of the estuary, going in, and situated on a low level wooded island, the vegetation coming down to a smooth sandy beach. There is a rise and fall of the tide of about eleven feet. At high water there is a back channel which fills and forms Corinto into an island. At low water this channel is nearly or quite dry, and the smell is noisome and disagreeable in the extreme. Dampier, who visited this place in 1685, refers to this fact regarding Realejo.* There are few unacclimated persons coming to reside at this place, if so fortunate as to survive, who are not called upon to suffer the climatic effects of the intensely poisonous malaria which is so well known here during the rainy season.

A more extended sketch of the medical topography of this part of the state of Nicaragua is perhaps necessary, to enable one to fully understand the favorable conditions that exist for the production of malarious disease.

Corinto is near the mouth of an estuary, which receives the waters from six rivers or small streams, hardly rising to the dignity of rivers, which drain a large area of soil, perhaps equalling any other river in this respect, which empties its waters from the soil of Nicaragua into the Pacific ocean. These streams receive their waters in great part from the Plain of Leon, which is a broad fertile level land, about four hundred feet above the ocean, and is believed to be the best sugar-growing soil in the world. As an evidence of its fertility, the sugar cane is so vigorous, that it is never transplanted in less than twelve years, and will run with care to twenty or twenty-five years! The general course of this plain whereon the city of Leon is situated is from north-west to south-east, and is about 150 miles long, and 20 or 30 miles wide. Much of the land surrounding the city, and in fact the whole plateau, was cleared by the Spaniards 300 years ago, but during the rainy season vegetation is so rank that the soil is more or less covered with succulent plants, such as cactus, aloe, pita, etc. The city itself, from the beginning to the end of the rainy season, which is from May to October inclusive, is beset with malarial fever, and it is said that not less than one-quarter of all the foreigners die who risk the climatic dangers of this state. This was fully illustrated in Walker's expedition in 1856.

Corinto, which may be said to lie at the

* "This is a very sickly place, and I believe hath need of an hospital, for it is seated so nigh the creeks and swamps that it is never free from a noisome smell. The land about it is a strong yellow clay, yet where the town stands seems to be sound." Dampier, vol. i. p. 221.

western extremity of this plain, is about forty miles from Leon. The south-eastern view from the former place, directed toward Leon, includes a range of volcanic mountains on the left, two of them recently in a state of eruption. Elviejo, the highest peak, is first to the left, and they then stretch away, one partly obscuring the other, until the whole presents the appearance of a mighty collonade. This wonderful barrier is the eastern limit of the Plain of Leon, and separates the lakes of Managua and Nicaragua from the Pacific, and preserves a continuous range until lost in the high lands of Costa Rica.

The soil is all volcanic on the Plain of Leon, preserving evidences of disintregation. Between Leon and Granada there is a vast field of lava, which is perfectly barren, extending for twenty miles, and remains to-day as it was rolled out of the side of the mountain, at a time past record; in its semi-fluid or plastic condition, furrowed, billowed, and inflated, as if lifted by the rarified air beneath, as it rolled along. Finally, at rest it defies the efforts of this most vigorous vegetation in the world, for half the year, to nourish its germ upon its stony bed.

From Corinto to Leon, nine miles, is made in the boat following one of these small streams, and the remainder of the distance on horseback. The dense vegetation bordering these streams is overflowed at high water in every direction, covering at least a hundred square miles. The roots of the trees do not unite, until several feet from the mud where they grow, and form the trunk of the tree, so that only roots are seen within ten or fifteen feet of the earth. The road to Leon winds through the broad level forest which is watered by but one small stream in the dry season. There are but two points on the road to Leon, where the land has been cleared for sugar-planting, although this low land is most wonderfully productive. Large timber abounds here, but the undergrowth is thin and abounds in insect life, beside the usual tropical birds and beasts.

From November to April the road to Leon is so dry, that the clouds of dust cover the trees in every direction, and the fine dust in the road is several inches deep. Fires at this season often consume the vegetation on thousands of acres, and is a serious drawback to extensive agriculture. All this is of course reversed in the rainy season, so that a horse has at times almost to wallow in the mud and water. The soil is black vegetable mould, mixed with volcanic powder, which falls in places every few years, and covers the soil and houses to an appreciable thickness. This dust fills the air during great volcanic eruptions to such an extent that respiration is difficult, and breathing is carried on through a sponge or cloth saturated with water.

During the dry season particularly, the waters of Corinto are singularly deficient in phosphorescence, which is uncommon in these equatorial latitudes. Whenever it exists, as it usually does, even where the tide water freshens at the ebb, it seems to have a purifying tendency, probably by ozoning the superincumbent atmosphere. This phosphorescent character of the water is wonderfully marked on the Pacific coast, as far north as Vancouver, and we might count this as an ozoning element, producing the well known vigor of vegetable and animal life on the Pacific slope. There are no winds at this part of Nicaragua during the dry season, except those which come from off the land. The high winds from the ocean being absent, we have no daily development of ozone from their rapid movement; from that arising from the spray of the surf, we are not benefited, as its influence does not have cause to spread far from its point of origin. We have, however, during the dry season in our favor, the fact, that life is imperilled but little from malaria, which at this period seems to be reduced to its minimum.

The period of greatest danger at Corinto seems to exist at the close of one season, and the beginning of another. The land breezes will continue to blow after the rainy season has commenced, and during this period alternate with the sea breezes irregularly. Violent gusts of wind and severe thunder and lightning are common during the rainy season, and this, in common with other ozonizing influences, the neighborhood may owe its partial

relief from pestilence during this part of the year which they call their winter.

There is a certain element of disease in the great increase of the amount of water coming down the various streams, which causes the ebb tide to freshen much sooner than during the dry season, affording in this way more suitable conditions for the development of malaria over the vast extent of country, which is watered and flooded by these streams.

The water obtained from the island of Corinto in the dry season, as a general rule, is is brackish. Being thus impure, it may be considered better than that obtained from the tributaries of the sluggish streams above, during this season, when it is reasonable to suppose that a large amount of vegetable, capable of becoming morbid matter, is held in solution in a temperature of not less than 90° Fah., and often rising to 95° and 100°. Sir E. BELCHER says: "I have great objection to water infiltrated through marine sand and decayed vegetable matter, and consider the chances of sickness one step removed by obtaining it from a running stream." This would be true were the "running stream" large enough to sufficiently dilute any half diluted poison holding such vital enmity with the blood. We have here the burning suns of the dry season to generate malaria, where there is insufficient water to dissolve it. In the agricultural districts of our own country, they do not hesitate to drink the water from small streams supplied from alluvial soil during the winter and first spring months, but they well know the febrile results of using this water during the heated months of the year.

There are other meterological points and soil characteristics regarding the island of Corinto, but enough has been written to convey an idea of the surroundings of our anchorage.

After visiting this place the first time, 5th May 1868, we left and turned from the southward, anchoring higher up the main stream than usual on the 23d May. At this period the thermometer stood at not less than 95° Fah. day and night, and the heat was oppressive. Not knowing the exact topography of the place at this time, we were unfortunate in selecting this anchorage. It proved to be exactly in line with the back channel before referred to, and the sea breezes carried the malaria the whole length of this marsh directly over the ship.

In consequence of this fact fever occcurred. I immediately had the ship moved about a mile down the river, so that at the sharp bend in the river, the sea breezes struck us directly from the sea. Before this was done, however, the whole crew had become affected by the poison. Our delay in leaving the place altogether was caused by a contingency in regard to our mission, which placed us in daily expectation.

Upon the appearance of the fever we were somewhat alarmed, lest some stores received from Panama may have caused the disease; but these stores were all white-washed barrels of beef, pork and beans, and no clothing of any description.*

The month of May, the usual period for the beginning of the rainy season throughout Nicaragua, brought us news of a most violent form of "Calentura" prevailing in the most populous part of the State. About six hundred people died, as far as could be estimated, native and foreign, from Corinto to Lake Nicaragua. The epidemic was particularly severe along the main road from Leon to Granada. Those who had read perhaps of the yellow fever, or knew its more general character, pronounced this disease unhesitatingly to be identical with it. But, as I was enabled to ascertain, there were only a few of the distinguishing symptoms of yellow fever, and in these we include the tendency to death. Black vomit, the almost pathognomonic symptom of yellow fever, never occurred; there was, however, in the collapse, the development of hæmorrhage from the lungs and stomach, as well as the fissures in the tongue. The latter presented the usual blackened and crusted condition which is observed in low forms of fever. The towel was stained with blood upon attempting to wipe this off. The disease, in

* The ship was perfectly clean throughout, and what was unusual for steamers, I never observed bilge water to any extent.

fatal cases, extended over about the same number of days that we find in yellow fever. The final collapse took place, in one case, on the fourteenth day. One serious evil, which caused such mortality among the natives, was their extreme poverty and inability to obtain quinia, as well as medical attendance, however indifferent.

The above information I obtained from Assistant Surgeon John McD. Rice. With three other officers, he made a journey to Granada and back, a distance of three hundred miles. This was in June, and upon the occasion of an exchange of treaties between the United States and Nicaragua, and at the time when the pestilence was most vigorous. Three of these officers were taken down with the fever. Two were very ill, and the third, Dr. Rice, died after an illness of five days. Upon the Doctor's review of what he saw of the fever during his absence, he believed that death was caused, in a fatal case occurring on board after his return, by the same terrible disease that prevailed in the course of his journey. A man, whom the Doctor saw at Granada, was apparently convalescent, and sitting in the door-way the evening before his death.

The history of this disease would be incomplete without some reference to the peculiar nature of the bromatography of Corinto.

Like all mid-tropical latitudes, the beef cattle are small and lean. The flesh is tough and dry, and soon becomes distasteful. At the end of the dry season the fruit is scarce and poor. Oranges unfit to eat. Mangoes passable. Alligator pears (*Laurus persea*), as is well known, contain a pulp which is a rich, yellow, oleo-starchy substance, rather insipid, but very abundant and cheap. The men ate freely of the latter. The yucca, or yam, (*Dioscorea alata*,) was very ligneous, and although rich in starch (25 per cent.), was tasteless. Irish potatoes very scarce, and all imported. We regarded the alligator pear, composing, as it did, the main part of our fresh vegetable food, as exceedingly constipating in its tendency. It is devoid of ligneous or fecal matter, and during its consumption the expenditure of cathartic medicine was enormous, exhausting the supplies within a month. This condition of the bowels remained, and was overcome with the greatest difficulty. I am of the opinion now, however, that at this time, the gradual intervention of malarial poison aided the obstinacy of this pathological condition in no small degree.

The Ossipee left Corinta, July 7, 1868, about two weeks after the first case of fever made its appearance, for the passage north, with several cases of what was evidently, and its subsequent history proved to be, a violently congestive malarious fever, sometimes remittent; resembling in many cases the pernicious of Dr. Wood; called calentura in Nicaragua and Central America.*

There was one peculiar condition preceding this disease which could not have been a coincidence, and is worthy of note. During the month before the outbreak of the fever, scarcely a man in the ship escaped some eruption of the skin, or some form of adenitis. The axillary and inguinal glands were constantly affected. The ordinary lichen tropicus, boils, and abscesses almost disabled our crew. The report of sick for the second quarter, ending June 30, showed some forty cases which had been under treatment. The eruptions upon the skin ceased the moment the fever made its appearance! Every physician knows that asthenia will yield to quinine when all other remedies fail. Reasoning from this, can it not be considered a therapeutical inference that malaria will produce lichen tropicus, urticaria, and adenitis in its various forms?

There were symptoms peculiar to the earlier cases, I believe, not usually seen. The patient did not complain of any chill upon the invasion. Notwithstanding this, the body was below the normal temperature. This condition did not relax, in some cases, in the evening or at night; still the head became hot, and brain disordered. There was always delirium and increased tendency to collapse, if at all, at night; and within the three first

* Calentura is an indefinite term, at best; for in these States they call the influenza a calentura. (See "Statistical Report" of the Health of the British Navy, 1-63, page 138.) Its signification, warmth, and fever, causes it to be applied to any disease where these pathological conditions are found.

days of the fever. Night and day nausea and vomiting was predominant. There did not seem to be a single case in the first thirty where a well developed fever occurred. Even in the slight febrile action exhibited by the brain symptoms, the pulse was small and feeble, and did not exceed eighty a minute, and often less than sixty. In two of the ten fatal cases which occurred in above sixty who were in hammocks, and as many more who were complaining, there seemed to be, in the evening before the night when the disease terminated, one grand effort of nature to overcome the inevitable tendency. The skin warmed, the pulse rose, and there was a slight excretion from the skin. The patient seemed to sleep; it was probably the comatose sleep of congestion, and in a few hours death ended the scene.

I am unable to give the natural history of this disease, a term deservedly popular in the profession at the present day, on account of its accuracy of purpose, because quinia became such an important, and almost the only resort to save life, that it is impossible to say what would have occurred, symptomatically speaking, beside death in severe cases, had not decided measures been adopted. I will give hereafter typical cases illustrative of the disease under treatment. I am fully satisfied that large doses of quinia, ranging from thirty to one hundred and twenty grains, in divided doses, as more time was allowed for its administration, prevented the fatal collapse, and, in every case, arrested it, when there was sufficient time for preparation. In many cases, the congestion of the abdominal viscera was so great as to prevent the absorption of remedies. Neither cinchonism nor ptyalism was produced in any of the fatal cases, and the liver did not secrete the proper discharge upon exhibition of calomel in large doses. In one case of approaching fatal collapse, I injected hypodermically, quinia sulph., gr. xx., beneath the skin. The pulse rose, and skin and extremities warmed within ten minutes, and the life of the patient was probably prolonged three days. The plan was adopted as a dernier resort, and might have been more successful earlier. I tried, during the hours that death was evidently delayed, to effect ptyalism, but remedies were not absorbed. All cases in which the gums were touched, recovered. Of course, this was only attempted in those cases attended by grave symptoms.

Sometimes this condition of collapse lasted four days continuously. During this time the mind wandered in delirium, language incoherent, with exceptional lucid intervals, eyes injected or yellow, delirium at times violent, so that in one instance the patient leaped from his cot, in order to escape avenging pursuers, who threatened his life. This violent mania was a fatal symptom in every case.

The pyrexial tendency, in later cases, was exhibited in the afternoon and evening. In every instance, in such cases, the exact effect was obtained from medicines which was expected and desired. These cases presented more of the remittent type, less congestion of the brain, but still a small pulse, and temperature of the body below 97°. The sedative effect of saline cathartics in this disease forbid their use. External stimulation followed the administration of colocynth, and calomel was the only means, in a few cases, of producing a discharge from the liver, and general secretion. As the patient convalesced, this discharge assumed a more healthy color, but the only fecal evacuation considered as satisfactory proof of a favorable turn of the disease, was black and tarry, and this was the true liver discharge. This symptom, every physician knows, in all malignant malarious fevers, is hailed as a pledge of recovery A condition of extreme debility remains, which requires constant and unstinted stimulation.

The continuous condition of collapse overcame any reaction toward the development of fever, and seemed to be caused by a complete malarial saturation. In the fatal cases, I have only to regret that they did not present themselves immediately for treatment, so that the decided effect of calomel might have been obtained. I believe the lives of three men might have been saved. The delay was caused by the patient believing himself able to resist what he imagined was only a temporary discomfort arising from disordered digestion.

Thus the most valuable time was lost through this insidious approach of the disease. Violent congestion of the vital organs followed within forty-eight hours.

Subsequent cases, as before remarked, from a more severe type, became open remittent fever, and required the ordinary treatment. These cases were developed as we advanced north, and continued to appear until we reached San Francisco. The winds were encountered going north, which usually prevail on the Pacific coast of the United States, blowing from the north and west. These proved a strong tonic for the convalescent, but their ozonizing influence induced febrile action in those whose blood yet held the uneliminated malarial poison.*

In the development of the latter cases I found their courses shorter and more acute. This fact explains why it is that the Pacific Mail Steamship Company's vessels, bringing passengers to California by way of Panama, never carry the yellow fever far up the coast. The patients all die or recover before reaching San Francisco. The neighboring latitudes of the latter city seem to be so largely supplied with ozone as to kill the poison of the fever. Cold will always develope malarial poison; but cold, unassisted by an ozonized atmosphere, will not destroy it, so far as I have observed.

[To be continued.]

* For preparing ozone test-paper, such as I used in experiments on the coast of California in August and September, I used the following:

Saturate five ounces of a solution of thin starch with iodide of potassium. To do this, it will require about three ounces of the iodide. Add five drachms of prepared chalk, which is used to prevent an acidification of the starch. Small strips of common white filtering paper are then dipped into the solution, and exposed to the air.

Light seems to have little effect upon it, as during the exposure, if two pieces of the paper be allowed to adhere, it will remain unaffected, whereas the light has been scarcely excluded at all by the thin white paper.

A piece of this paper, exposed to a fresh breeze at Monterey, was fully discolored in thirty minutes, assuming a reddish violet tinge, with the thermometer at 62° Fahr. At the end of one minute, the change to a delicate pink was assumed. On board ship, in the same way, a number of strips lay on a board in my state-room *all night*, and were affected only to a slight pink discoloration on different parts of the slips. The paper, moistened by sea water, is not at all affected, and I consider these papers the most delicate ozonic test with which I am acquainted. The ozone converts the potassium into potash, and at once the iodine combines with the starch, producing a characteristic color in presence of potash.

The high winds on the coast of California certainly produce this change most rapidly, and it may be considered here, or elsewhere in the world, a fair index of the sanitary capacity of a building, ship, or locality.

ON THE METHOD OF DEALING WITH SHORT AND THICK PEDICLES IN THE OVARIAN OPERATION.

By Benj. B. Wilson, M. D.,
Of Philadelphia.

It seems to have been agreed upon with entire unanimity by those who have had experience in ovariotomy, that the extra-peritoneal or clamp method of disposing of the pedicle is by far the preferable mode in the great majority of cases. It is, however, held that a short and fleshy pedicle contra-indicates its application; and, in fact, cases not unfrequently occur in which no pedicle scarcely can be said to exist; the cystic mass being apparently joined immediately to the uterus by broad, dense, and massive fibrous structure, and here using the clamp has appeared almost impossible.

But though many intraperitoneal plans of treating the pedicle have been resorted to, none have practically proved to be unexceptionable. Neither the ecraesur nor the actual cautery are entirely reliable against the occurrence of hemorrhage, and hence their use can never become established procedures. Tying with the double ligature, and bringing the ends out of the abdominal cavity, subjects the patient to many risks, and allows at best but a prostrated recovery. While dropping the stump into the abdominal cavity with the ligatures cut short, whether they be of silver wire or silk, (a plan of late much resorted to) has been followed so frequently by unfortunate results in various ways, as must ultimately lead to its entire abandonment. Silver wire must, in the great majority of instances, in the peritoneal cavity, prove a mechanical irritation. That it is so, the results of cases prove; abscesses having formed and proved fatal, although the wire had become sacculated, and the constricted stump had regained its vitality. So inflammatory action and abscess may follow the use of the silk ligature,

before sufficient time has elapsed for its disintegration and absorption.

But the greatest danger, as it has always appeared to me, from the return of these constricted stumps to the peritoneal cavity and the then hermetical closure of that cavity, is from septicœmia; and the more massive the pedicle, the greater will be this danger. There must be under such circumstances a large pouring out of serous, or sanguinolo-serous effusion, and this retained in the peritoneum soon initiates septic changes, which result in blood-poisoning, and this whether the ligature be silk or wire. An external drain for the fluids under such circumstances, no matter how obtained, is a safety salve; and the thicker the pedicle cœteris paribus, the greater the necessity for it.

These considerations led me in a recent operation, in which the attachment to the uterus was found to be very much thickened and extremely short, still to apply the clamp. The instrument, (four inches long, and one and a half inches in length of screw,) could barely be made to encircle the mass. It was applied within three-quarters of an inch of the body of the uterus; and of course necessitated much traction and elevation of that organ, and depression of the abdominal walls, before the instrument could be fixed externally. No pain or other distress followed this elevation of the uterus or strain upon its ligaments. On the removal of the clamp on the sixth day, the pedicle measureably subsided, carrying with it the adherent tissues of the abdomen, causing a deep groove or sulcus which has since to a degree become filled up by granulations. The case, though unpromising on account of visceral adhesions, did well almost from the first.

Mr. SPENCER WELLS, while paying a glowing tribute to the value of the clamp, still restricts its use to long pedicles, where no drag upon it would be necessary. "But," says he, "where we have a broad, thick, short pedicle, we want something better than the clamp." This something better, however, is yet to be found, and it remains to be seen whether any better procedure can be instituted. Dr. ATLEE uses the clamp, I believe, habitually, and to all kinds of cases; and does not hesitate to drag upon the uterus strongly, when such a procedure is necessary.

I cannot resist the belief that such a pedicle as above described, could scarcely under any circumstances, have been returned to the abdomen with safety to the patient. Septicœmia must have followed, with every probability of an unfavorable result. On the other hand, the applicability of the clamp to those cases heretofore considered least suited to it, is already demonstrated; as no case is likely to occur in which the application would be more difficult for the operator, or involve more inconvenience or risk to the patient.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
Philad., Sept. 12th, 1868.

SURGICAL CLINIC OF S. W. GROSS, M. D.

Reported by Dr. Napheys.

Circumscribed Peritonitis from Attempts at the Taxis.

H. S., æt. 28, a baker. This man is sent to the clinic from Washington City, on account of a tumor seated within the walls of the abdomen, in the diagnosis of which there is some obscurity. It forms a large, circumscribed, prominent swelling, which completely fills the right inguinal region, extends up at least two inches into the right loin, encroaches upon the right lower angle of the umbilical region, and the right upper third of the hypogastrium.

In order to facilitate the examination, and relax as much as possible the abdominal walls, the patient was placed recumbent upon his back, with his shoulders raised, and the lower extremities flexed upon the pelvis. The entire mass is extremely tender upon manipulation; has a smooth, regular outline, and is apparently fixed, not moving about when the man changes his position. Its consistence is not the same at all points; here and there, there is evident softness and fluctuation. Over the great mass of the tumor there is percussion dulness, but at one spot there is distinct resonance, which points to the presence of a portion of the gut. Not only is there tenderness on handling the mass, but the passage of flatus or fecal matter occasions suffering. Progression is also attended with pain, causing him to lean forward to remove the pres-

sure of the abdominal muscles. The integuments are preternaturally hot, but there is no discoloration, nor are the superficial veins enlarged.

Ten months ago, when employed as a baker at Cape May, S. strained himself in lifting a barrel of flour of about two hundred pounds weight. Five months subsequently, he accidentally noticed an oblong tumor above Poupart's ligament, which, in six weeks, had increased in size, although he is unable to describe the sensation which it imparted to the touch. One month ago he was attacked with sudden acute pain at the seat of this tumor at night, having, a few hours previously, experienced difficulty in evacuating his bowels. A surgeon was at once sent for, who told him he had a rupture, and asked why he had neglected himself. Two protracted efforts were made to reduce the protrusion without the employment of an anæsthetic agent, which was effected upon a third trial under chloroform. The patient was very sick for the ensuing forty-eight hours, and he occasionally vomited. At the end of this time, he perceived the large, tender swelling, which extended from the right inguinal region, over the hypogastrium, into the left inguinal region. The tenderness was so great that he was unable to bear the pressure of the bed-clothes. His bladder had to be evacuated by the catheter.

Now, to what do these facts in the history of the case point? Under the influence of lifting a heavy weight, a hernia, or protrusion of a portion of the small intestine, probably the ileum, took place at the internal abdominal ring. This increased so insensibly that it occasioned no inconvenience, nor was it until after the lapse of five months, that the man became aware of its presence. Six weeks later, he noticed that it had increased in size, and was making its way downward toward the scrotum, but it gave him no annoyance until one month ago, when symptoms of strangulation set in, as indicated by difficulty in evacuating his bowels, and, some hours subsequently, excessive pain at the seat of the tumor. The hernia was of comparatively recent formation, and of small size, and it is just such cases that are more liable to strangulation than old ones. The physician who was called in, recognized the nature of the trouble, but instead of administering chloroform at once, he made two attempts to reduce the tumor by the taxis, and only succeeded at the third attempt, when chloroform was exhibited. Under these violent, protracted, and forcible efforts, the hernia was injuriously compressed, the delicate tissues of the gut were bruised, or it may be the manipulation destroyed in part the vitality of the tube. Without being able to estimate precisely the amount of injury inflicted on the bowel, it is very certain peritonitis was awakened. Lymph and serum were rapidly effused, and to such an extent that, at the expiration of forty-eight hours, the man noticed large and very painful swellings in both inguinal regions, as well as at the hypogastrium. The fold of the peritoneum covering the bladder was also involved in the morbid action, as shown by the inability to pass his urine, which had to be drawn off by an instrument. Nausea and vomiting were also prominent features after the hernia was said to have been reduced. All these phenomena can only be accounted for by the supposition that both the visceral and parietal layers of the peritoneum were the seat of acute inflammation, giving rise to a circumscribed peritonitis, the products of which have formed this large swelling.

The correctness of the diagnosis is, moreover, verified by the great tenderness experienced wherever the mass is handled, and by the positive pain felt whenever the bowels are moved, or during the passage of flatus. This suffering is due to pressure acting from within, through the distension of the bowel, and, as a consequence, of its peritoneal investment.

It is possible for such a tumor to arise from malignant disease of the iliac lymphatic glands. It is the seat of preternatural heat, which is always present in encephaloid growths, because of the activity of their circulation. The mass is of large size, and has only existed for four or five weeks. Its growth has been very rapid, which is also a characteristic feature of soft cancer. But the bulk is too great, and the growth too rapid even for encephaloid. Then, too, enlargement of the subcutaneous veins is wanting, and this is a very important element in the diagnosis against cancer. The surface of the tumor is smooth, and of a regular outline, whereas, if encephaloid, it should be distinctly lobulated. The pain, moreover, is not of the character found in soft carcinoma, and the history of the case excludes malignant disease of the iliac glands. Cancer of the cæcum, which occurs in this region, is very uncommon, and being of the hard variety, could never attain so large a size.

This is not an abscess, nor is there any evidence of the formation of a fecal or stercoraceous abscess. There have been no rigors, nor fever, nor general constitutional involvement. The patient has lost flesh; the strength is impaired; the pulse is 98; the appetite is not good; the

evacuations are not regular; and he has a pale, sallow look. But these are clinical features attending a subacute or chronic peritonitis. There is no œdema of the integuments, which there should be, if pus were making its way toward the surface through the firmly resisting walls of the abdomen, nor is there any blush or redness of the skin.

Whether this tumor will eventuate in the formation of pus, is a question which can only be solved by time. At present, the case must be regarded as one of protective peritonitis, for when peritonitis is local and circumscribed, it may be laid down as a maxim, that it is indicative of injury of the part covered by the membrane. Such cases differ from general idiopathic peritonitis, in that their tendency is not to a rapidly fatal termination. It is possible that the injury inflicted upon the gut by the badly-directed efforts at the taxis, may have terminated in limited gangrene, perforation, and, as a consequence, extravasation of the contents of the gut. If this has been the order of affairs, the tumor is a wise provision on the part of nature to guard against accident, the extravasation having been localized by peritoneal adhesions, through which it is prevented from being effused into the general peritoneal cavity. Lymph is thrown out here to circumscribe morbid action, just as often happens in perforation of the glands of Peyer in typhoid fever, in ulcer of the stomach, or in abscess of the liver, in all of which the contiguous layers of the peritoneum become firmly glued together by fibrinous material, thereby preventing the contents of the gut, the stomach, or the pus from being effused into the peritoneal cavity. At all events, the case will be closely watched, and its progress carefully noted.

In the way of treatment, the man will take three grains of sulphate of quinine every eight hours; and his diet will be plain but nutritious, with a view of keeping up his strength. Locally, to relieve pain, a sufficient number of foreign leeches will be applied, to extract ten ounces of blood; after which the parts will be fomented with a warm and strong solution of acetate of lead and opium. He was also directed opium internally, to relieve pain and control morbid action; the amount administered being guided by the pulse, which should be reduced at least twenty beats a minute.

— Dr. L. Waldenburg, formerly editor of the *Med. Central Zeitung*, is now editor of the *Berliner Klinische Wochenschrift*.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Subject: Cholera Infantum.

Reported by J. W. P. Bates, M. D.

Dr. Williams. The pathology of this disease is uncertain and obscure, and not laid down with clearness in any of the books. Some say that the condition very much resembles that seen in Asiatic cholera. It is also difficult to decide concerning the real cause and seat of this dangerous disease. My own individual opinion is that its seat is in the nervous system, and I have seen fit to act on this theory in the treatment, and have met with marked success. By placing the seat in the nervous system, we can explain some of the symptoms which otherwise are difficult of explanation. Occurring probably from the combined action of heat, dentition, improper food, etc.; nervous perturbation and prostration are produced, and these act on the alimentary canal, producing indigestion and relaxation of the muscular fibres of the bowels which admits of the undue exosmotic action known as serous diarrhœa. I have seen fit to act on this theory for the last six or eight years, and have seen no cause to regret it. The condition of the brain in these cases is not that of inflammation, except under peculiar circumstances. The blood-vessels, from their relaxed condition, may give out serum, and produce effusion, coma and death. In cases of extreme nervous prostration in adults we see this same serous effusion.

Dr. Chas. H. Jones. I know of no disease peculiar to childhood deserving of more thoughtful consideration and study than this, yet it has failed, in medical works, to receive the attention it merits. It is almost unknown in Europe, and when it does occur, it is classed as a gastro-intestinal irritation, follicular enteritis, cholerine fever of infants, etc. Dr. Horner, of our own country, was the first to point out its true nature, and he showed that it closely resembled the follicular enteritis described by Billard in his work on children. It can be best defined by an enumeration of its most characteristic symptoms, as obstinate vomiting and purging with distinct febrile irritation, rapid emaciation, and, in unfavorable cases, violent cerebral symptoms. The predisposing causes are heat, bad ventilation, impure air, unwholesome food, age and dentition. Want of proper ventilation with a high temperature, are the most prominent causes. The pathology depends upon the severity of the case

and the stage at which death takes place. Dr. Condie states that the only change found in a number of cases, was paleness of the gastro-intestinal membrane with more or less hepatic congestion. Dr. Hallowell found undue development of the follicles of the stomach and intestines. Dr. Horner, in a number of cases, found the mucous follicles enlarged and ulcerated both in the large and small intestines, and the gastro-intestinal mucous membrane so softened as to be easily scraped off by the finger. He also found pus in considerable quantities in the colon; the liver was enlarged and congested, the gall bladder distended with a dark green liquid. In the substance of the brain, numerous red spots were found, the pia mater was injected and its veins much distended, and, in some cases, there was serous effusion into the sub-arachnoid tissue and lateral ventricles. Those who had died with coma or convulsions had, in addition to the above, softening of the brain tissue. Dr. Hallowell says these changes were not due to inflammation of the brain. We will let the symptoms and morbid anatomy answer the question, what is the seat and nature of the disease?

It has been maintained by some, for whose opinions I have a very high regard, that the nature and origin of the disease is found in the nervous system. In support of the theory they refer to the occurrence of the disease during the period of dentition, and the cerebral symptoms, such as coma and convulsions, which precede death. With reference to the value of dentition in support of this theory, Drs. Condie and Emerson have shown that dentition is *less* influential in producing the disease than age. They have shown that the disease is twice as fatal in the first year as in the second, and yet the process of dentition is certainly more active in the second. This is in keeping with my own experience.

Dentition is purely a physiological process, and not a disease. It is simply one of the many predisposing causes of cholera infantum. The occurrence of the disease during dentition aggravates it and increases the gravity of the prognosis, but the same may be said with reference to scarlet fever or measles. Cholera infantum is a disease peculiar to warm climates and hot weather, (heat being the most direct exciting cause) whilst dentition seeks no climate nor season, but is present in cold as well as hot weather, so that if dentition were a necessary condition, we would look for as many cases in January or February, as in July or August.

With reference to the cerebral symptoms, such as convulsions, etc., they no more prove the seat of the disease to be in the nervous system than would the loss of consciousness in simple vertigo or complete attacks of epilepsy show a disease of the brain. Brown Sequard says that these conditions do not depend upon a disease of the brain, but upon a contraction of the blood-vessels of the cerebral lobes, contractions due to some irritation of the vaso-motor nerves, either by some direct cause irritating them in the base of the brain, or in the spinal cord, or by reflex influence. In those cases in which convulsions occur, the brain is in an anæmic condition, and its functions paralyzed. Flint says this is the result of exhaustion produced by the abdominal affection. So if cholera infantum were purely a nervous disease, we would expect it to be ushered in by the nervous symptoms.

There are certain conditions or predispositions of the brain, which an attack of cholera infantum would develope, viz., tubercular meningitis and hydrocephalus. In such cases the child would die from the pre-existing condition of the brain.

The respiratory organs may become affected, and you may have bronchitis or pneumonia occurring as secondary or accidental complications.

I admit that the nervous system is often affected in cholera infantum, (thus rendering our prognosis of a more grave or serious character) but that it is the seat and origen theory, I am disposed to question. The symptoms ascribed to the nervous system are of no more importance in cholera infantum than they would be in scarlet fever, measles, or any of the numerous forms of indigestion, and their presence would no more prove the seat of the disease to be in the nervous system than would a sympathetic bubo from a corn on the foot, tend to show that the corn was a constitutional disease, and the bubo the local evidence. Sound theory should be founded on inferences drawn from abstract principles which have been established by evidences tending to explain a particular class of phenomena. "Medicine," says Brousais, "is enriched only by facts," and the facts as shown by the symptoms and anatomy are that cholera infantum is a gastro-intestinal catarrh, (infantile cholera as described by Trousseau) the nature of which is irritation, afterwards inflammation and ulceration, located in the mucous follicles of the gastro intestinal canal; all of this without necessarily involving the nervous system.

I have only a few remarks to make in reference to the treatment. In ordinary cases vomiting is the first and worst symptom. This I control by calomel and small doses of chloroform in milk.

Then I give tr. catechu and paregoric in chalk mixture to check the discharges. In a few days I omit the calomel and give the citrate of bismuth, aromatic spts. ammon., and paregoric. I I use warm baths, mustard plasters, tonics and stimulants whenever called for by the symptoms. I prefer the citrate of bismuth on account of its solubility, and a smaller dose being required.

Dr. Williams. My views are not shaken by the remarks of Dr. Jones. I think that we are somewhat justified in the view I take in regard to the real cause of cholera infantum, viz., that it is due, to a great extent, to heat and exhaustion acting on the nervous system. To say that it is due to age rather than to dentition, begs the question, and more ought to die in the first, instead of the second year, while the majority die in the second, unless teething commences in the first. That the exhaustion of heat and dentition produces such effects as I ascribe to it, is not unreasonable, if we look at the severe nervous exhaustion, wounds, neuralgia, etc., produce in the adult, and, of course, it would require a much smaller degree of irritation to make a strong impression on the sensitive nervous system of a child. This nervous exhaustion leads to a form of indigestion, which, in its turn, reacts on the nervous system and aggravates the disease. Follicular enteritis is not the essential condition. The mucous membrane is not red, as in inflammation, but pale. If the cause continues to act, the muscular fibres of the bowels become debilitated, and a species of paresis and relaxation results; and, therefore, exosmotic action goes on more rapidly, and leads to this pallid condition, as in Asiatic cholera. In all inflammatory diseases of the bowels, the mucous membrane is congested. Such being the fact, that this disease results from heat, indigestion, and paresis, this explains the vomiting, diarrhœa, and effusion into the membranes of the brain. If it results from nervous exhaustion, its effects would be first manifested in the bowels. We all know the effect a severe shock has upon the digestive system. The treatment I have based upon this theory has proved most successful in my hands. I use a combination of tonics and astringents. The astringents are not curative in themselves, but they put the system into a more favorable condition by checking this exhausting diarrhœa. Then I use some nervous tonic, of which quinine is the best. I have cured many patients with no other remedy. It has a threefold effect: puts the nervous system in a proper condition, strengthens digestion, and prevents the paresis. I also use anodynes when necessary, but am cautious not to push the opiate too far, for children bear it very badly.

Dr. Arnold. In the absence of any satisfactory explanation of the nature and essence of cholera infantum, we are perfectly justified in forming hypotheses. It is well known that this disease makes its appearance in the Middle, Southern, and some of the Western States. If heat, dentition, etc., are the causes producing it, it is strange it does not appear in other portions of the world, as on the coast of the Mediterranean. I have been under the impression that it is dependent upon some endemic influence, as it only appears in certain latitudes, during certain seasons of the year, and under certain conditions. I will admit that the heat has some effect, for cool weather produces a favorable change even in our worst cases. Acute cholera infantum corroborates this endemic view. A strong, healthy child is struck down suddenly, and the symptoms have a strong resemblance to those produced by some of the mineral poisons, and it is not to be presumed that enlarged liver or follicular tuberitis have developed themselves so suddenly. In chronic cases the poison is introduced in smaller doses. Acute cases are always followed by a chronic stage. It is an error to attribute it to dentition; it may predispose or add to the gravity, but it is not the real cause. In summer I do not neglect the most trifling diarrhœa, but check it as soon as possible, regardless of consequences. One thing remarkable is that a number of its symptoms and pathological appearances resemble Asiatic cholera, but this very rarely attacks children. One symptom of chronic cholera infantum ought to put us on the right track in regard to the treatment, viz., the dry, dirty-colored skin. I use warm baths or packing, and repeat them frequently until some softness and moisture of the skin is produced. My main reliance is upon bismuth. In July and August of 1867, I took notes of 63 cases, in which obstinate diarrhœa was a symptom. Of these, 41 were females, and 22 males, and two-thirds were at the breast, so that whether weaned or nursing does not seem to make much difference. When there is emaciation, I give tonics, and among these I class mint juleps and whisky. I give tr. nucis vom., tr. columbæ, and ferri citrat. I can learn nothing from the pulse in these cases. I judge of the amount of fever by the heat of the forehead and abdomen. The discharges teach me but little. When there is a sunken, flat abdomen, I usually expect and find brain symptoms follow. Another important sign is decrease of the urinary secretion, and you

will often have symptoms of uræmic intoxication.

Dr. Erich. Although Dr. Arnold's statistics seem to prove that nursing children are more liable to this disease than those who are not nursing, yet such is not the generally received opinion. One reason why they are attacked in the second summer is on account of the change in the food. Heat is an exciting cause, and if we can keep the child cool, it will be more likely to escape. In regard to the administration of quinine, I have used it with good effects, but it is a very hard dose for a child to take. I now use the tannate, which is almost tasteless. Two and a half grains of the tannate are equal to one grain of the sulphate, and this fact has to be remembered in its administration.

Dr. Stein. It should also be remembered that it is completely decomposed by the vegetable acids, and, therefore, it will not do to administer it with fruit or preserves.

Dr. Arnold. It must not be understood that it was my fault that more cases occurred among the unweaned than the weaned, but such really was the fact. The experience of a physician in private practice is usually worthless, because he takes no notes of his cases, but of these I kept notes carefully. It may be merely a coincidence, and it may be that a well-fed cow makes better milk than an overworked woman. I have also doubts about the statement that the children of the poor are more liable to the disease than the rich. I find no difference, except that the latter are more liable to brain symptoms.

Dr Erich. It has been stated here that Asiatic cholera never attacks children. The first case of that disease I ever saw was a child. It died in a few hours. The statistics of Dr. Arnold are too small to prove anything in regard to the propriety of weaning.

Dr. Williams. Dr. Arnold thinks this disease does not occur in Europe in equal latitudes. We frequently make mistakes when we speak of equal latitudes. The latitude of London is the same as that of the southern part of Labrador; of Paris, that of the northern boundary of the territories of Dacotah, Montana, and Washington; of Philadelphia, about that of Naples and Lisbon; of Baltimore, that of the southern part of Spain and the northern part of Africa; of New Orleans, that of Cairo and the Great Desert. From this we would not expect to hear much of this disease in London and Paris, and from the southern parts of Europe, we cannot get reliable accounts. Similar latitudes do not, however, prove that the temperature is the same, the comparison can only be made by tracing the isothermal lines. If we accept the theory of Dr. Arnold, that this disease is the result of endemic influence, it only removes the difficulty one step, and this endemic cause must exert itself somewhere, and I say it is on the nervous system. We look for the greatest prevalence of epidemic and zymotic diseases among the poor and unclean, and if this disease is equally prevalent among the rich, that is an argument against the endemic theory. I hope statistics will support Dr. Arnold, that it makes but little difference whether the child is weaned or not, for we are frequently consulted in regard to weaning children, and often advise nursing when it is very desirable for the mother that she should discontinue it. We, however, frequently see bad cases cured by the employment of a wet-nurse, and when we consider the character of the milk brought to the city, it seems hazardous to take the child from the breast.

Dr. Erich. I think nature indicates the time when a change of food is proper, by the appearance of the teeth. I usually advise nursing for fifteen or eighteen months.

Dr. Arnold. The nervous system is the asylum of our ignorance. It relieves us from further examination. I cannot see how this disease of the nervous system can produce the enlargement of the liver which is always met with in post mortem examinations. The same condition of the liver is met with in the dysentery of tropical climates, which is always considered to be dependent upon some endemic causes.

Dr. Williams. This enlargement of the liver is not an essential part of the disease.

Dr. Erich. It is only found in those chronic cases, and no one is able to say that it is present in all the cases, for we have no means of proving it,

Dr. Hartman. As, in the community, the proportion of nursing children is more than two-thirds of the whole, we ought to expect a larger number of weaned children to be attacked. These statistics can only be made available when we know the number of each class of children, and the number attacked.

Dentists in Belgium.

In the bill now before the House of Representatives, it is proposed that dentists should possess the degree of Doctor of Medicine and Surgery. If the bill becomes law, the dental profession in Belgium will be on a footing with the profession at large.

Editorial Department.

Periscope.

Empyema and its Treatment by Perpetual Drainage.

The *Pacific Medical and Surgical Journal* publishes the following, which originally appeared in the *N. Y. Medical Record*.

"An extremely valuable clinique was that held by M. Gosselin on a case of empyema, that he had had under his eyes for two years, and in relation to which he suggested several ideas that are not everywhere current.

Until recently, (observed the Professor), suppuration of the pleura was regarded as a necessarily fatal disease, both on account of the exhaustion induced by the long continued drain on the system, as also by the habitual co-existence of grave pulmonary disease. No cure is possible, unless on the condition of entirely evacuating the pleural cavity, which can only be effected spontaneously by the establishment of a bronchial or cutaneous fistula. In a few cases children have been known to recover after the establishment of the first kind of fistula, or vomica, as it is technically called, but only uncertain reliance can be placed upon the benignity of this mode of evacuation, and no physician has the right to provoke it. On the other hand, the cutaneous fistula is even more dangerous, air insinuates itself into the cavity, decomposes the pus, and prevents the dilatation of the lungs, which gradually assume a state of indefinite collapse. Hectic fever sets in, with all its train of symptoms, cough, diarrhœa, and everything indicating the absorption of purulent matters, and the patient is generally carried off in two or three months at the furthest. Modern surgery, however, has ventured to interpose the operation of thoracentesis, as an attempt to arrest the fatal march of this serious disease. This operation, whether performed by simple puncture or by incision, is (according to Gosselin) essentially the same, and essentially useless, unless accompanied by a certain precaution presently to be described. In the first case, the little wound speedily cicatrizes, and a repetition of tappings is required, which finally results in the establishment of a fistula. By this the pus indeed escapes, but the air also enters, with the consequences above described. The same thing is true of an incision, and although there was more chance of success after Sedillot suggested counter-openings, and the use of injections to wash out the cavity, the results were still far from satisfactory. M. Chassaignac, however, has had the happy idea of inserting by the two openings, perforated caoutchouc drainage tubes, which afford free and continual exit to the pus, and thus neutralize any evil effects resulting from the inevitable ingress of air. For the pus, however decomposed, is innoxious if able to freely escape, instead of being shut up in a close cavity, and stimulating its own absorption.

In addition to the use of drainage tubes, injections of warm water are made every two or three days.

The patient who furnished the occasion for these remarks, had been treated by the method above described, which had proved remarkably successful. He had first come under the care of M. Gosselin two years ago at La Pitié, and appeared then in a dying condition, exhausted by a long standing empyema and thoracic fistula. As soon as free exit was afforded to the pus, and the drainage tube established, the hectic fever began to mend, the patient's strength rallied, and in three months the convalescence seemed so solidly established, that the drainage tube was removed, and the man left the hospital. The flow of purulent liquid had entirely ceased. After working for about three months, the patient began a second time to suffer from oppression. A fistula re-opened, and after some weeks the general health had fallen to nearly as desperate a condition as on the first occasion. Re-admitted to La Pitié, and treated again by a drainage tube, the patient again rapidly recovered. After this experience, the tube was left permanently in place. A third time he had run down in strength, and entered La Charité, but was speedily built up again by the same treatment, and thoracic injections of iodine and of sulphite of soda. It was M. Gosselin's intention to leave the drainage tube in place until the pleural cavity should be entirely obliterated. And this practice, and the theory upon which it is founded, constitute the original part of his lecture. He declares that it is absurd and chimerical to hope that a serous membrane that has undergone a pyogenic transformation, can ever retain its original character or functions. So long, therefore, as it exists, so long will there be drainage from renewed secretion of pus. But by prolonged care in carrying off the corroding secretion as it forms, the surgeon may hope for the formation of adhesions which shall definitely obliterate the cavity, and constitute the cure of the disease.

By means of these combined methods, therefore, judicially applied, many patients, in even grave stages of hectic fever, may be snatched from the jaws of death, and restored to a tolerable degree of health. This, of course, cannot be expected, if the empyema complicates advanced tuberculous disease.

M. Gosselin also applies the system of perpetual drainage to abscesses situated under the great pectoral, and whose evacuation is rendered difficult by the tonicity of the muscle. A case of this kind, actually in the ward, is doing extremely well. The tube, of course, passes through the original and the counter incision. Injections are made every two days with warm water."

Sulphite of Soda in Small-Pox.

From the beneficial effects of the sulphites in zymotic diseases—especially typhoid fever, as observed by Prof. Polli and others—we were prepared to believe them of use in small-pox, and had resolved to use the sulphite of soda or magnesia, should opportunity offer. The first notice we have seen of their administration in this disease occurs in a late number (May, 1868) of the *Chicago Medical Examiner*, in which journal mention is made by Dr. P. G. Kelsey of twelve or thirteen cases. In the first case a bountiful eruption gave unmistakable evidence of small-pox, which was treated in the usual manner till the *fourth* day of the eruption, when about eight grains of the sulphite of soda was given in solution every four hours, and with the result of rendering the patient far more comfortable in every particular, and apparently modifying the disease considerably in the following twenty-four hours. The next case was an infant six weeks old, and which was so completely covered with the eruption that there was not a spot upon its whole body where you could rest the end of the finger without touching a pock. The child had not been vaccinated, and nothing was given it save the sulphite of soda and spirits of nitre. It passed through all the stages of the disease with remarkable ease and comfort, and made a rapid and good recovery with only a few marks of any extent. In the third case a German was attacked with a severe form of the disease, being delirious for *five* days. The sulphite was given, but discontinued by an officious nurse. Upon its resumption, the patient again became more comfortable, and made a good recovery. The remaining cases—some being varioloid—all recovered. Although fully aware that "one swallow does not make a summer," and that the specific value of a remedy cannot be based upon its apparently favorable action in one, two, or even a dozen cases, yet it appears to us, theoretically and practically, that sulphite of soda is worthy of additional trial as a remedy in small-pox.—*Pacific Med. and Surgical Journal.*

Immoral Publications.

The following sound remarks are from the pen of Dr. Henry Gibbons, the editor of the *Pacific Medical and Surgical Journal.*

"I cannot dwell with too much emphasis on the important practical distinction between the moral treatment which inspires confidence and hope, and tends to dispel the cloud of anxiety and apprehension, and that which confirms suspicion and excites alarm;—between that which is prompted by professional and honorable motives, and which has the good of the patient for its primary object, and that which is controlled by the love of gain, and makes body and soul the sport of the vilest tricks of trade. The system of empirical advertising may be regarded as an ingenious device for robbing men of their money, their happiness, and their reason. The newspaper, going into every house, carries a flood of this poisonous literature. The newspaper makes our females familiar with the idea of the prevention of pregnancy, demoralizing the married and corrupting the unmarried. The newspaper prompts the idea of abortion, and indirectly encourages a criminal practice so wide-spread as to disturb the foundations of society, and to affect the national welfare. The newspaper furnishes the abortionist with the means of inviting all the mothers in the land to to murder their unborn offspring through his nefarious agency. The newspaper is a daily reminder to every villain who plots the ruin of females, how he can accomplish his diabolical purpose without exposure. The newspaper puts in the hands of every boy and every girl, in city and country, a daily stream of impure, obscene and corrupting literature, which they could find nowhere else.

"The reader will not understand me as pronouncing a censure on the conductors of the press in this relation. I remember too well the example of the knight and the windmill. The laws of trade govern the press, and mould the code of morals for this, in common with other departments of industry. I will do the proprietors of newspapers the justice to declare my conviction that they all believe and know that the advertisements referred to are unfit for general reading, and that they are morally perni-

cious. I believe further that scarcely one newspaper on this coast would admit such advertisements, if others did not.

"The same defence applies to those respectable druggists who suffer their names to be announced as venders and endorsers of universal cures for nervous weakness and impotence, and female obstructions. It is well understood that people of intelligence will not believe the statements which are made, and that only credulous and weak-minded persons, composing not much over nine-tenths of the community, will be misled and fleeced by such publications.

"If writings published with the design of doing good are capable of so much evil, as appears from what I have previously said, how much more mischief is calculated to result from publications artfully prepared for the very purpose of frightening the reader into the belief that he is sick, and which are daily thrust before his eyes, so that he cannot avoid seeing them if he would! I have an earnest conviction that the literature of quackery is much more pernicious than is commonly supposed;—that few persons suspect the depth to which it strikes its roots into the corporeal, moral, and intellectual life of society, and the consequent amount of vice, trouble, disease and insanity which it produces."

Chloric Ether.

A correspondent of the *Druggist's Circular* propounds the following query:

"If an American (or English) physician prescribes in a mixture *chloric ether*, which compound is to be given? I believe it varies with the locality. I have several times got into trouble for having given one thing, when quite *another* was meant. It is not officinal. In U. S. Dispensatory (I mean W. and B.), page 919 (old edition), is mentioned chloric ether as a synonym of Dutch liquor, and page 1348, as a name for a solution of chloroform. In Parrish, I find, page 542, spir. chloroform, U. S. P. ("chloric ether.") In some places is dispensed and meant, *spir. muriat. æther, sive salis dulcis.* Vide Parrish, page 533. Which one would you advise?"

To which the editors reply:

"We would advise (because there can scarcely be a doubt which is meant in this latitude), when *chloric ether* is prescribed by a physician, that the apothecary should put up the *spiritus chloroformi of the* U. S. Ph. If any other preparation is intended, then it will be so specified. It is evident that the old chloric ether (Dutch liquid) cannot be designed, as that is pure chloroform, and would be so called by any one of common knowledge; and it is equally evident that the *muriatic ether* is not intended, for that can scarcely be dispensed or kept on account of its great volatility; and physicians, generally have an acquaintance with it, either physically or therapeutically. *Chloric ether* is an erroneous term to employ, and would be used only by those who neglect the Pharmacopœia. A mistake possible to be made, it seems to us, arises from the difference between the U. S. preparation of chloroform spirit and the British—ours being nearly three times stronger than the foreign—and that one article *might* be substituted for the other. This is barely possible, but not at all probable, except by an English pharmaceutist who had but just arrived."

Nourishment by Enema.

Dr. Runge, of Nassau, reports (*Deutsche Klinik* No. 27, July 4, 1868,) a case of œsophageal stricture, in which the patient was sustained 59 days by clysters of yolk of eggs, broths, and gruels. During the first eight days he emaciated rapidly, and complained much of thirst. Then came a stationary period. In the third week he felt neither hunger, thirst nor pain; in the fifth week he could walk pretty firmly. The emaciation had increased very little, when in the eighth week an inflammation of the rectum supervened, which terminated his life in the beginning of the ninth week.

Dr. R., thinks the patient might have lived many more weeks, had the complication alluded to been obviated by the exercise of greater care in the administration of the injections.

Strychnia in Febris Intermittens.

Dr. John P. Nash sends to the *Lancet* from Madras an account of his success with the above-named remedy after quinia had failed. The doses varied from one-thirtieth to one-twelfth grain; the medicine was given four times daily, and duration of treatment never exceeded eight days. Many of his colleagues had the same gratifying experience.

Description of a New Ligament.

O. Lannelong et A. Le Deutu—(*Arch dé physiol. norm. et pathal.* 1. 448–450.)—describe a ligament which arises from the posterior layer of the sheath of the sterno-thyroid muscle, inserts itself at the inner surface of the first rib, behind the sterno-clavicular articulation, and is thence continued to the anterior surface of the pericar-

dium. This band includes the remains of the thymus gland. It serves to fix the pericardium at its anterior portion, and is the counterpart of the "ligamentum vertebro-pericardiacum," described by Béraud, which attaches the posterior surface of the pericardium to the spinal column.

Electricity.

Dr. W. H. Taylor mentions in the *Lancet*, a case of paralysis of the bladder in a female, which had for a long time resisted medical treatment. He applied electricity to the internal surface of the organ, with the happiest result. He used Mackenzie's appliance for the larynx, and after the fourth repetition, the patient was fully cured.

Reviews and Book Notices.

Outlines of Physiology, Human and Comparative. By John Marshall, F. R. S., etc., with Additions by Francis G. Smith, M. D., Professor of Institutes of Medicine in the University of Pennsylvania. Illustrated by numerous wood cuts. Philadelphia: H. C. Lea. 1868. 1 vol., 8vo., pp. 1026. *Price*, cloth, $6.50; sheep, $7.50.

This treatise on Physiology, published last year in England, is designed more for a text book for students than otherwise, and particular attention is given to this branch, as connected with anatomy and chemistry. It embraces all that is authentic and received, without going into new views, the discussion of theories, or the details of experiments. It is a summary of existing knowledge, rather than an attempt to extend knowledge.

The author has conscientiously studied all the recent publications of value on his subject, and has the faculty of presenting his points simply, clearly, though rather dryly. The comparative portion of his work—the physiology of the lower animals—is passed over briefly, though sufficiently for the medical student.

The additions of the American editor are not numerous, but are judicious, and increase the usefulness of the book.

The illustrations are of average—and not more than average—goodness. They number about a hundred and ten. We may place the book among our better physiological text-books, though it would seem that in a text-book, all that is known in physiology might be said in less than a thousand large octavo pages.

Atlas of Venereal Diseases. By A. Cullerier. Translated from the French, with Notes and Additions, by Freeman J. Bumstead, M. D., etc. With about One Hundred Beautifully Colored Figures on Twenty-six Plates. Philadelphia: H. C. Lea. 1868. 4to., pp. xij. 328. Part V. and last. Price of the Five parts, $15.00. Cover, 75 cts.

This handsome work, the like of which it is hard to parallel in American publications, and the progress of which we have from time to time chronicled, is now brought to a conclusion with this fifth and final part. The editor may well congratulate himself on the completion of a work of such value to the medical public. The chromolithographs of this latter part seem to be even better than the earlier ones, less vividly colored, and more natural therefore.

The doctrine of M. Cullerier is that of the oneness of the syphilitic virus; that of Dr. Bumstead is that the virus is dual, producing, one the simple, the other the hard chancre. It is the more interesting, therefore, to study the arguments which the translator brings to bear against his author. This Atlas must be regarded in future, as a necessary adjunct to Dr. Bumstead's excellent work on the venereal, and a *sine qua non* in the libsary of all who would make a thorough study of syphilis.

A well made cloth case goes with the number for convenience of binding.

Clinical Lectures on Diseases of the Liver, Jaundice and Abdominal Dropsy. By Charles Murchison, M. D., F. R. S., etc. New York: William Wood & Co., publishers, 1868. 1 vol. 8vo., pp. 556.

There are many practitioners who, whenever they are at a loss in diagnosis, have something to say about "torpid liver," "engorged liver," or something of the sort, and therefore proceed to unite the familiar prescription commencing "Hydrarg. chlor. mit," etc. To such, and to all, a compendious, clear, clinical treatise on liver-diseases will be welcome. Such a treatise is the one before us.

It contains a series of lectures embracing enlargements of the liver (malformations, the waxy and the fatty liver, hydatid tumors, congestion, abscess, cancer, hydatids) contractions, jaundice, fluid in the peritoneum, hepatic pain and gall stones. Their object, says the author, is rather to put forward prominently the leading characters on which the diagnosis of these diseases depends, and in particular to determine the diagnostic import of those signs and symptoms which are common to many hepatic disorders. The object is well attained, and the volume will be found an eminently useful one in every day practice.

Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 14, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

FRENCH THESES.

A better commentary on the difference between a French and an American medical education could scarcely be presented than that suggested by a comparison of the theses offered by the students of the two nations, for graduation. Every one knows what the thesis of the American student is:—With a few honorable exceptions, a mere re-hash or condensation of a chapter from one of his text books, with an occasional idea borrowed from the Professor, whose department the essay is intended to illustrate, and under whose eye it is expected to fall:—A reflex of a mind untrained to habits of study or observation, in which memory has usurped the place of logical thought, crammed with a mass of isolated facts strung together at best by theories taken at second hand. And the manner is even worse than the matter. Even if, at the expense of much pains on his own part, or with the assistance of a professional student's "*coach*," mistakes in spelling or grammar have been avoided, how often does the production display any grace of style, any luminousness of expression, any rhetorical grace? How often does it occur among the thousand young men, who every year obtain the degree of "Doctor of Medicine" from the thirty-five accredited schools of the United States, that a thesis is presented which leads the faculty to say, "This paper displays an originality of thought, a closeness of observation, a clearness of method, or an elegance of diction, which will render it an honor to us, and to our institution to publish it?"

True, many of those whose essays at the close of their prescribed career of study do them and their instructors so little credit, become subsequently authors, writers and lecturers of considerable merit and reputation, but this is because they appreciate their own deficiences, and apply themselves earnestly to a course of close clinical observation and methodical study, *after* graduation, which they should have been compelled to pursue *before*. We venture to say that there is no man in the profession of any mark as a writer who has not supplemented the miserably insufficient preparation of his college course by years of patient and laborious application. If we turn now to the thesis which the student who desires to graduate at the Medical School of Paris offers to his examiners, and which he is compelled to sustain and defend before them orally, how refreshing is the change. We have two specimens before us as we write, which will serve as samples for the comparison. In the first place, the faculty not entertaining any doubt as to the capability of the applicant to write his own name, every thesis is *printed* in the press of the school, or elsewhere, if the candidate prefers to have it gotten up in handsomer style, but always on a uniform page, in uniform type, large and legible, and with a uniform title. The labor of the examiners is thus materially lessened, as compared with that of our own, who are compelled to decipher the chirography of hands too often unfamiliar with the use of the pen.

The first of these essays which we notice is that of J. V. LABORDE, and was presented and sustained, Monday, August 22, 1864. Following his name on the title page is this statement, to which we call especial attention.

"House-Physician and Surgeon to the Hospitals and Infirmaries of Paris.

(Bicêtre 1859–60; La Charité, 1861; Les Enfants Malades, 1862.)

Twice recipient of the bronze medal of the Board of Public Charities.

Laureate (gold medal, 1857,) of the Medical Faculty of Paris.

Laureate of the Medical Society of the Hospitals (1862–63.)

Member of the Anatomical Society, and Secretary of the Biological Society."

What a catalogue of honors for a man just presenting himself for the degree of Doctor of Medicine! And what a course of faithful study and opportunity for clinical observation does it testify to. We are probably safe in estimating that at least three years of devotion to the elements of medicine must have been necessary to enable him to take, in the face of a numerous competition, and before a severe tribunal, the gold medal of the faculty of Paris, and may therefore put him down as having commenced his studies certainly as early as 1854. He graduates in 1864. Ten long years of patient toil! Is it any wonder that Paris is the centre of the medical world? Of these ten years, at least four were devoted to the duties of a hospital *Interne*, which often include clinical lecturing as well as clinical practice and study.

It is not surprising that an essay prepared under such circumstances and after such a training, should have taken its place at once as an authority, on the subject of which it treats. It is entitled.

"Infantile (so-called essential) Paralysis, its Resultant Deformities, and the Means for Remedying them."

Although a complete and elaborate treatise of 250 pages, with full histories of 50 cases; a Biographical Index, analytical Table of Contents and plates,—he tells us that it is "but a fragment of a larger work on the nervous disorders of infancy, on which he has been at work for the past three years." The bibliographical index referred to contains the names of several German and English as well as French Treatises, and includes pretty much all that had ever been written upon the subject.

The other thesis to which we have referred, is that of M. Justin Quintaa, of Portet, in the Lower Pyrenees—and was presented and sustained, January 24th, 1868.

Its title is, "Potts' Disease of the Vertebræ, considered especially in reference to its Orthopedic Treatment." Although a very creditable little monogram, it does not present the same evidence of profound research or brilliant thought as that of Dr. Laborde. Its interest to us consists in the fact, as shown in the opening sentences of the Preface, that he gives the most unqualified preference to the American method of treatment. He says:

"The affection known under the name of '*Potts' Disease of the Spine*' is of such frequent occurrence, the deformity which it produces is so revolting, that it is surprising to observe what meagre results have been arrived at in the way of treatment. We shall be happy if we are able to fill this void by introducing to our brethren in France the experiments instituted by several distinguished surgeons in the United States."

He then goes on to mention the names of Drs. Davis, Taylor and Lee, as deserving of especial notice for their labors in this field. The collection of essays published by Dr. Benjamin Lee of this city, under the title of "Contributions to the Diagnosis, Pathology and Treatment of Angular Curvature of the Spine," is drawn on quite largely, both by direct quotation, and by borrowed argument. The author must have been much more familiar with the English language than most American students are with the French.

There are two features of these in common with all French Theses, to which, in conclusion, we would refer. The first is the very pleasing custom of remembering the author's relatives and friends, and the Professors to whom he feels especially indebted in a sort of dedication of this his grand inaugural essay to them. Although characterized by that simplicity and demonstrativeness which so distinguish the continental European from the Anglo-American, it yet affords an admirable opportunity for acknowledging the kindness and attentions which the student has received and felt during his career of preparation for the active duties of professional life. Dr. Quintaa occupies two, and Dr. Laborde five pages (large type and broad spaces of course) in these graceful acklowledgments. The latter opens as follows:

"To M. Urbain Dubedat.

To you, to your counsels and to your encouragements so full of affection, I owe the attainment of the goal which I have this day reached, through difficulties of every kind.

It is my greatest satisfaction to be able to make, upon this momentous occasion, a public acknowledgment of my profound gratitude."

Then follows a touch of nature and of sentiment, which an American youth would be at once too shame-faced, and too indemonstrative to introduce.

"To my Aunt Désirée Labadie,
My second Mother."

The second fact is the publication at the end of the thesis of the "Questions on the different branches of medical science," which the candidate has been called upon to answer in his examination. We copy Dr. Quintaa's list as a sample, premising that when no direct question is asked, the applicant is expected to say or write (in the examining room) briefly all that he knows upon the topics furnished.

"*Anatomie.*—The bones of the lower extremity.

Physiologie.—The functions of the facial nerve.

Physics.—Calorimetry; specific heat; latent heat.

Chemistry.—Combination of nitrogen with oxygen; characteristics and preparations of azotic alcohol.

Natural History.—General characteristics of birds; how divided? The egg of the common fowl, its employment in Therapeutics and Pharmacy.

External Pathology.—Mode of treatment of compound fractures.

Internal Pathology.—Progressive Locomotor ataxia.

General Pathology.—Morbid complications.

Pathological Anatomy.—Biliary calculi.

Operative Surgery.—Catheterism of the Lachrymal Ducts.

Pharmacology.—What is the alcohol which is employed in pharmacy? What are the principal degrees of concentration in which it is employed? What principles does it dissolve? How are alcoholic tinctures, simple or compound prepared?

Therapeutics.—The modes in which medicines are eliminated from the system.

Hygiene.—The purity of water for drinking.

Medical Jurisprudence.—What is an antidote? At what period of a case of poisoning should it be administered?

Obsterics.—The Jaundice of Pregnant Women."

Notes and Comments.

Hot Springs, Arkansas.

Dr. Lawrence, resident physician at the Arkansas hot springs, states that these springs—to which we lately alluded in our Periscope—contain the following ingredients:

"Silicates with base, bicarbonate of lime, bicarbonate of magnesia, alumina with oxide of iron, arseniate of iron? carbonate of soda, carbonate of potash, carbonate of lithia? sulphate of magnesia, chloride of magnesia, oxide of manganese, sulphate of lime, arseniate of lime? bromine? iodine, a trace, organic matter, a trace.

The Springs, in all, number fifty-four, and have a mean temperature of 134° Fahr't. They range, respectively, from 93° to 150° Fahr't, and totally discharge 317 gallons of water every minute. The Springs vary quantitatively, but are qualitatively allied.

The properties of the waters depend not alone upon the caloric, diluent, solvent, corrective, or the antacid qualities—but the Springs all contain carbonates of the alkalies and alkaline earths—agents well known to therapeutists to possess active eliminative agency; consequently they produce valuable alterative effects in chronic diseases. Again, the *natural soluble silicates of the earths*, I feel satisfied by experience, *produce molecular results*, as yet but little known or regarded by the profession as adjuncts in the treatment of constitutional diseases."

Manipulation in Luxation.

George W. Callender decribes in the *Lancet* a method for reducing displacement of the femoral head into the sciatic notch.

1. The thigh is flexed on the abdomen.
2. It is brought into exact line with the long axis of the body.
3. It is forcibly extended, parallel with the sound thigh.

Correction.

On page 355, line 25 from top, instead of, "The artificial muscle was exhibited, it is a piece of india rubber tubing, which represents the tendinous origin and insertion," read, "The artificial muscle was exhibited, it is a piece of india rubber tubing, which represents *the muscle, and a string at the extremities, which represents the tendinous origin and insertion.*

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Correspondence.

DOMESTIC.

Case of Gunshot Wound.

Editors Med. and Surg. Reporter:

The following case is presented to the profession, not with a view to proposing any new idea or plan of treatment, but for the interest naturally attaching to the rarity of its occurrence, with so favorable a termination; flying in the face, as it does, of all reasonable prognosis, and yet teaching us an impressive lesson of reliance on the *vis medicatrix naturæ*.

Case. Sept. 8th, 1868. Oliver Lyddauer, a boy thirteen years old, a resident of this city, was accidentally shot by a pistol in the hands of a companion, the ball entering the cavity of the thorax one inch above the heart, as near as could be ascertained by myself and Drs. Lincoln, Draper, King, and J. F. Thompson, who kindly assisted me in the exploration. External hemorrhage not profuse; some hæmoptysis, signs of blood in the left pleural cavity, and external emphysema. No appearance of the ball in the dorsal regions; left scapula free in its movements, and without pain. Ball not extracted.

R.	Elix. calisaya,	f.℥iv.
	Tr. kino,	f.℥ss.
	Tr. opii,	f.℥j. M.

S. A dessertspoonful every hour. Water dressings to wound.

Sept. 9th. Patient doing well; slight hæmoptysis; no external hemorrhage; no untoward symptoms.

Sept. 10th. Patient quite cheerful and easy; no fever nor hæmoptysis; external opening contracting rapidly, dry, and exhibiting no appearance of undue inflammation; pulse 75; organic functions all normal; semi-mucous râles in upper part of left lung; complains of slight pain in the superficies of left side, referring it to dorsal region while lying down, and to the region of the diaphragm while standing up. Continue treatment.

Sept. 17th. External wound healed completely. Patient well and running about, with no vestige of the injury save the slight pain in the left side of the diaphragm.

Remarks. Two questions of interest present themselves in this case. 1st. What track could the ball follow to avoid the large and important vessels about the base of the heart, as it has evidently done? 2d. What has became of the ball?

My own impression is, as to the first, that it must have traversed the small, sometimes hypothetical space existing between the arch of the aorta and the left bronchus above, and the heart and pulmonic artery and veins beneath, wounding in its passage the thin fold of the left lung, which envelopes the base of the heart at this region; either this, or the angle formed by the left outer wall of the arch and the bronchus. The natural surmise as to the fate of the ball is, that it was arrested by the vertebral column or one of the ribs, perhaps deflected by some surface of these bones oblique to its trajectory, and has since gravitated to the floor of the thorax, whence it may, one day, make its re-appearance in the external world, by ulcerating its way through the diaphragm and into the stomach; thence passing out in the dejections. The boy occasionally joins me in my professional rounds, and expects to resume his studies some time next month.

W. J. C. Duhamel, M.D.

Washington, D. C.

News and Miscellany.

Dipsomaniacs.

The *London Lancet* says:—"We know not whether our Scotch friends are more given to indulgence in spiritous liquors than are the English, but they have adopted a sensible and humane method of treating that form of disease—for it amounts to a disease,—an incontrollable love of alcoholic drinks. We have, on former occasions, earnestly called attention to this class of cases, in the interests of the unfortunate drunkard and his family; but the liberty of the subject has proved a bugbear in the way of all legislation. People are beginning to adopt more healthy notions, however, and the drunkard is not allowed to exercise his liberty at the expense of other people's health and happiness, quite so much as heretofore. We learn that the Lunacy Board of Scotland has adopted some action in the matter. In a report of a former year, an opinion was expressed that persons unable to resist the tendency to excessive drinking should be allowed to place themselves under control and treatment without authority from the sheriff. By the Lunacy Amendment Act, 1866, asylums are authorized to receive for care and treatment any person who expresses in writing to the Commissioners in Lunacy his wish to become a voluntary patient, and obtains their consent; and that this provision was taken advantage of in 1867 in Scotland by 17 persons: fourteen were admitted

into public and three into private asylums. We would go a little further, and make it permissible to place such persons under medical restraint, where it could be shown by clear and unmistakable evidence that a drunkard exercised no control over his habits, but was ruining himself in health, and plunging his wife and family into destitution and misery."

"Beautiful Forever."

The credulity of mankind in matters pertaining to the *soi même* is beyond comprehension. We quote the following from the *N. Y. Evening Post*, as illustrative of the credulity in such things of even the aristocratic people of England:

In the recent trial of Rachel Levison, in London, for defrauding a Mrs. Borrowdale of a large amount of money by promises to make her "beautiful forever," and marry her to a rich lord, Rachel's daughter testified in court that her mother cannot write; that "the Royal Arabian soaps, two guineas a cake; Royal Nursery soap, two guineas a cake; Royal Palace soap, two guineas a cake; Royal Victoria soap, two guineas a cake; Princess soap, two guineas a cake; Alexandra soap, two guineas a cake; Prince of Wales soap, two guineas a cake; Armenian liquid for removing wrinkles; Sultana beauty wash, Magnetic dew-water, from the Desert of Sahara, two guineas a bottle"—"are all articles in which we deal," to which "Jordan water, price £10 10s. per bottle," was afterward added. She testified, also, that by selling these articles—which can be bought, as their price shows, only by very wealthy fools—Rachel made so considerable an income that she kept a country house for summer use, paid £400, (two thousand dollars in gold,) for an opera box, and educated two children in Paris.

"In the interior of Sahara, or the Great Desert, is a magnetic rock, from which water distils sparingly in the form of dew, which is possessed of extraordinary property. Whether a latent electricity be imparted by magnetism, or an additional quantity of oxygen enters into its composition, it is not easy to say. But it appears to have the property of increasing the vital energies, as it restores the color of gray hair apparently by renewing the circulation in its capillary tubes, the cessation of which occasions grayness; and it gives the appearance of youth to persons of considerable antiquity. This water is brought to Morocco on swift dromedaries for the use of the court, and its virtues are much extolled by their physician. It might be called the antipodes of the Lethean Styx of ancient times."

That is what Rachel sold for two guineas a bottle, and her daughter testified, "we have a large number of customers;" "I was too much engaged in a very heavy business to pay much attention to conversation." There must be an enormous amount of ignorance and superstition among the wealthy classes in England, to support such a transparent swindler as this Madame Rachel, who, by the way, was sentenced to five years of penal servitude.

Our Ancestors.

Were they pigmies, or giants, apparent apes, or possible philosophers? Have we improved upon their structure? or are we physically degenerate? Strangely enough, this question of fact is still at issue. M. Lartet, at the last session of the Sociétés Savantes, gave an account of his scientific explorations in Dordogne, and of the bones, including three crania, which he examined, and of which the age is fixed as of the earliest quaternary period—the age of the mammoth. He dwells on the remarkable length and prodigious strength of the bones of the limbs. With this, the crania are remarkably large; and the brains which filled these capacious cases must perforce have been of considerable size. These skulls, he adds, are far from presenting the characters of inferiority which the school of "development" would attribute to our ancestors.—*Brit. Med. Jour.*

Correlation of the Various Parts of the Physical System.

Among the curious facts in reference to the correlation of various parts of the physical system, which have never yet been explained, is a curious one in reference to cats, which, Mr. Darwin assures us, are almost invariably deaf, if pure white with blue eyes. Dozens of such cases have been observed, while the young of such cats, if they have the least bit of color on their fur, invariably hear. The same is true if one of the eyes be not blue. Dr. Sichel, of France, observed one case when the iris began to turn of a darker color; and, curiously enough, the cat at the same time began to hear. Kittens are entirely deaf during the first nine days, while the eyes are closed; and their eyes remain blue for a few days longer. While blind, the loudest noises do not affect them. The experiment should not be tried by shouting near their ears, as they are extremely sensitive to any breath of air; but by producing any clanging noise, as by striking a pan or shovel.

—— The oldest Doctor in the world, Professor F. Verdugo, Salamanca, Spain, died lately, aged 105 years. He had practised medicine for eighty years.

—— A valuable horse belonging to a farmer in Addison county, Vermont, was bitten on the fetlock joint by a rattlesnake, and died in fifty minutes, in great agony. The reptile was trampled to death by the horse in its rearings and plunging after the bite.

Army and Navy News.

Navy News.

List of changes, etc., in the Medical Corps of the Navy during the week ending November 7, 1868.

Past-Assistant Surgeon G. S. Franklin, resigned.

Past-Assistant Surgeon C. H. Giberson, detached from Navy Yard, New York, and ordered to the U. S. S. Nipsic.

Past-Assistant Surgeon C. J. S. Wells, ordered to duty at Navy Yard, New York.

Surgeon E. S. Matthews detached from U. S. S. Michigan and waiting orders.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Barr—Elder.—Oct. 15, by Rev. A. Donaldson, Robert Barr, M. D., of Indiana, Pa., and Miss Cordelia, second daughter of Mr. Robert Elder, of Eldersridge, Pa.

Field—Minifie.—On the 26th inst., at Grace Church, Baltimore, by J. R. Grammar, D. D., J. T. Field, M. D., of Salterville, N. J., and Mary E., daughter of William Minifie, of former city.

Fullerton—Miller.—At Greenfield, Ohio, Oct. 22, Dr. Hugh S. Fullerton, of Springfield, formerly of the Central Lunatic Asylum, Columbus, and Miss Mary Alice Miller, of Greenfield.

Howells—Coggshall.—In New York city, Oct. 22d, Dr. H. C. Howells, of Hamilton, Ohio, and Mary S., daughter of the late Capt. George Coggshall.

McCauley—Alcorn.—Oct. 20th, at the house of Joseph Alcorn, Esq., at Kittanning, Pa., by Rev. Wm. F. Morgan, Dr. R. E. McCauley and Miss Annie B. Alcorn, all of Kittanning, Pa.

McDavid—Gray.—In Augusta, Me., Nov. 3, by Rev. Mr. Urjohn, Dr. Wm. McDavid and Lenora J. Gray.

Noble—Harrison.—On the 20th of October, at Grace Church, Baltimore, by Rev. George Leeds, D.D., Horace Noble and Mary Spencer, daughter of Dr. S. A. Harrison, of Easton, Md.

Reynolds—Rogers.—In Chicago, Ill., Oct. 29th, by the Rev. D. C. Marquis, pastor of the North Presbyterian Church, Dr. Albert Reynolds, of Clinton, Iowa, and Miss Sarah Rogers, daughter of Dr. G. A. Rogers.

Spence—Waldron.—In this city, Nov. 5th, at the residence of the bride's mother, by the Rev. Geo. Howell, Dr. R. T. Spence and Mrs. Virginia Waldron, daughter of the late George Riggs, of this city.

Stockman—Gallison.—On Thursday, Oct. 29th, at Machias, Me., by the Rev. Mr. Harding, Dr. C. W. Stockman, of Steuben, and Nellie, eldest daughter of the late John Gallison, of New Orleans, La.

Welty—Amoss.—On the 16th of July, 1868, by the Rev. Wm. M. Osborne, Dr. F. H. Welty, of Baltimore, and Miss Alice J., youngest daughter of A. P. Amoss, Esq., of Howard co., Md.

Weyer—Marshall.—Oct. 29th, Dr. Geo. W. Weyer and Miss Mary L. Marshall, both of Madison, Ind.

DIED.

Bennett.—In Rochester, N. Y., Oct. 28th, Hilem Bennett, M. D., aged 77 years.

Bird.—On the 7th inst., at Valatie, N. Y., Mrs. Mary E., widow of the late Robert Montgomery Bird, M. D., and daughter of the late Rev. Philip F. Mayer, D.D., of this city.

Bruner.—On the 24th ult., at the residence of H. P. Rutter, West Philadelphia, Eliza Davies, wife of Dr. D. J. Bruner, of Columbia, Pa.

De Lacey.—In this city, on the 7th inst., Dr. John De Lacey, in the 45th year of his age.

Lee.—In this city, on the evening of the 8th inst., J. Edwards Lee, M. D., in the 48th year of his age, Assistant Physician in the Pennsylvania Hospital for the Insane.

Smith.—In Montpelier, Vt., Dr. Aaron Smith, in the 83d year of his age.

He was born in Hanover, N. H., in 1786, and practiced medicine in Hardwicke, Vt., from 1811 till 1865, when he removed to Montpelier. He was one of the most intelligent and accomplished physicians of the State during the long period of his active practice.

OBITUARY.

James Robertson, M. D.

Of apoplexy, Oct. 14th, at the residence of his son-in-law, Rev. W. Y. Brown, James Robertson, M. D., of Hanoverton, Ohio, in the 69th year of his age.

For a quarter of a century, or more, Dr. Robertson was the recognized head of the medical profession in that region of country; was consulted, whenever possible, in difficult and important cases, and it may be safely affirmed that, as a physician, he had but few equals, and no superiors in the State. As a man, he was courteous, kind, free, and affable. He was a great reader, and possessing a remarkably tenacious memory, his familiarity with the standard works in history, theology, and literature, as well as those in his own profession, was truly astonishing. He was the constant friend of the poor and the needy.

Dr. Posner.

Dr. Posner, founder and editor of the *Berliner Klinische Wochenschrift*, died on the 14th of September.

His loss will be felt in many scientific and social circles, where his leading spirit and truly humane heart placed him in the front rank.

ANSWERS TO CORRESPONDENTS.

Dr. J. M. W., of O.—Sponge tents prepared with an antiseptic are valuable in certain cases where the uterine discharges are offensive. Such is the indication for those you inquire about.

Dr. A. H., of N. Y., and others.—The questions you ask we expect to form the subject of an article in the Reporter before long.

METEOROLOGY.

October,	26,	27,	28,	29,	30,	31.	N. 1.
Wind.....	N.	S. W.	N. W.	N. W.	N. E	S. E.	N. W.
Weather....	Clear.	Clear.	Clear.	Clear.	Clear	Cl'dy.	Cl'dy. Rain.
Depth Rain.							2 1-10
Thermometer.							
Minimum.....	44°	38°	48°	36°	32°	35°	40°
At 8, A. M....	53	47	57	45	38	44	44
At 12, M.....	59	61	62	48	49	61	47
At 3, P. M....	58	63	54	50	52	62	46
Mean.....	53.50	52.25	54.50	44.75	42.75	50.50	45.50
Barometer.							
At 12, M.....	29.9	30.	29.8	30.3	30.4	30.1	29.6

Germantown, Pa. B. J. Leedom.